



PTO/SB/52 (07-07)

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (optional) Army 105
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I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: U.S. Government, as represented by the secretary of the Army

and the title of my position with said assignee is: Office of the Staff Judge Advocate
U.S. Army Medical Research & Materiel Command

The entire title to the patent identified below is vested in said assignee.

Inventor Paul R. Burnett	Citizenship US
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Inventor John E. VanHamont	Citizenship US
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Residence/Mailing Address
10518 Mustang Ridge, Converse, Texas 78109 US☒ Additional Inventors are named on separately numbered sheets attached hereto.

Patent Number 5,762,965	Date of Patent Issued June 9, 1998
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I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

Vaccines Against Intracellular Pathogens Using Antigens Encapsulated Within Biodegradable-Biocompatible Microspheres

the specification of which

☐ is attached hereto.☒ was filed on June 2, 2000 as reissue application number 09 / 586,747
and was amended on 10/23/02, 9/27/04, 4/20/06, 6/27/06, 12/08/06, 10/1/07
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

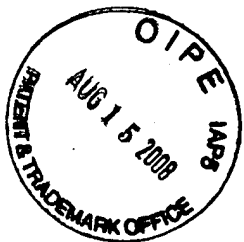
- ☒ by reason of a defective specification or drawing.
- ☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.
- ☒ by reason of other errors.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) Army 105	
At least one error upon which reissue is based is described as follows: Improper multiple dependent claims? Claim 11 is a duplicate of patent claim 7. Spelling errors Correction of Drawing description. <div style="text-align: center;">[Attach additional sheets, if needed.]</div>			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
I hereby appoint:			
<input checked="" type="checkbox"/> Practitioners associated with Customer number:		<div style="border: 1px solid black; padding: 2px; text-align: center;">30951</div>	
OR			
<input type="checkbox"/> Practitioner(s) named below:			
Name		Registration Number	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.			
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> The address associated with Customer Number:		<div style="border: 1px solid black; height: 20px;"></div>	
OR			
<input checked="" type="checkbox"/> Firm or Individual Name	U.S. Army Medical Research and Materiel Command		
Address	504 Scott Street		
City	Fort Detrick	State	MD Zip 21702
Country	US		
Telephone	301 619-7808	Email	elizabeth.arwine@amedd.army.mil
WARNING:			
Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Signature <i>Elizabeth Arwine</i>		Date <i>11 July 2008</i>	
Full name of person signing (given name, family name) Elizabeth Arwine			
Address of Assignee U.S. Army Medical Research and Materiel Command 504 Scott Street, Fort Detrick, MD 21702			



Reissue Application Declaration by the Assignee
Supplemental Sheet Naming Additional Inventors

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